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| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | <b>Application Number</b>   | 09/876922                     |            |
|  | <b>Filing Date</b>          | Jun 6, 2001                   |            |
|  | <b>First Named Inventor</b> | Krahn, James E.               |            |
|  | <b>Group Art Unit</b>       |                               |            |
|  | <b>Examiner Name</b>        |                               |            |
| <b>Total Number of Pages in This Submission</b>  | 26                          | <b>Attorney Docket Number</b> | EXTS109.01 |

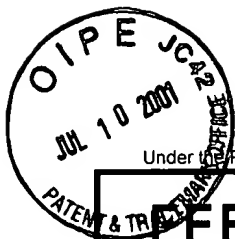
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|  |  |                          |                     |            |
|--|--|--------------------------|---------------------|------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2001</b><br><br><i>Patent fees are subject to annual revision.</i> |  | <b>Complete if Known</b> |                     |            |
|  |  | Application Number       | 09/876922           |            |
|  |  | Filing Date              | 6/6/2001            |            |
|  |  | First Named Inventor     | James E. Krahn      |            |
|  |  | Examiner Name            |                     |            |
|  |  | Group Art Unit           |                     |            |
| TOTAL AMOUNT OF PAYMENT (\$)   |  | 280.00                   | Attorney Docket No. | EXTS109.01 |

| METHOD OF PAYMENT   |                       | FEE CALCULATION (continued)       |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
|---|-----------------------|-----------------------------------|-----------------------|---|-----------------------|-----------------|----------|-----|-----|-----|------------------------|--------------------|-----|-----|-----|-----------------------------------|-----|-------------------|-----|-----|---------------------------------------|-----|-----|------------------|----|---|-----|-----|-----|--------------------|---|-----|-----|-----|----|------------------------|--|--|--|
| <b>1.</b> <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br><br>Deposit Account Number _____<br>Deposit Account Name _____<br><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                       | <b>3. ADDITIONAL FEES</b>         |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| <b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                       |                                   |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| <b>FEE CALCULATION</b>  |                       |                                   |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| <b>1. BASIC FILING FEE</b>  |                       |                                   |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr></tbody></table>                                     |                       | Large Entity Fee Code             | Large Entity Fee (\$) | Small Entity Fee Code                                     | Small Entity Fee (\$) | Fee Description | Fee Paid | 101 | 710 | 201 | 355                    | Utility filing fee |     | 106 | 320 | 206                               | 160 | Design filing fee |     | 107 | 490                                   | 207 | 245 | Plant filing fee |    | 108   | 710 | 208 | 355 | Reissue filing fee |   | 114 | 150 | 214 | 75 | Provisional filing fee |  |  |  |
| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code             | Small Entity Fee (\$) | Fee Description   | Fee Paid              |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| 101   | 710                   | 201                               | 355                   | Utility filing fee  |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| 106   | 320                   | 206                               | 160                   | Design filing fee   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| 107   | 490                   | 207                               | 245                   | Plant filing fee  |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| 108   | 710                   | 208                               | 355                   | Reissue filing fee  |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| 114   | 150                   | 214                               | 75                    | Provisional filing fee                                    |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| SUBTOTAL (1) (\$)   |                       |                                   |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| <b>2. EXTRA CLAIM FEES</b>  |                       |                                   |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>10</td><td>-20**= 0</td><td>9</td><td>0</td></tr><tr><td>10</td><td>-3**= 7</td><td>40</td><td>280</td></tr></tbody></table>   |                       | Total Claims                      | Extra Claims          | Fee from Below  | Fee Paid              | 10              | -20**= 0 | 9   | 0   | 10  | -3**= 7                | 40                 | 280 |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| Total Claims  | Extra Claims          | Fee from Below                    | Fee Paid              |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| 10  | -20**= 0              | 9                                 | 0                     |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| 10  | -3**= 7               | 40                                | 280                   |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| Multiple Dependent  |                       |                                   |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
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| Large Entity Fee Code   | Large Entity Fee (\$) | Small Entity Fee Code             | Small Entity Fee (\$) | Fee Description   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| 103   | 18                    | 203                               | 9                     | Claims in excess of 20                                    |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| 102   | 80                    | 202                               | 40                    | Independent claims in excess of 3                         |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| 104   | 270                   | 204                               | 135                   | Multiple dependent claim, if not paid                     |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| 109   | 80                    | 209                               | 40                    | **Reissue independent claims over original patent         |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| 110   | 18                    | 210                               | 9                     | **Reissue claims in excess of 20 and over original patent |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| SUBTOTAL (2) (\$)   |                       | 280.00                            |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
| ** or number previously paid, if greater; For Reissues, see above   |                       |                                   |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
|   |                       | <b>Other fee (specify)</b> _____  |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
|   |                       | *Reduced by Basic Filing Fee Paid |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |
|   |                       | SUBTOTAL (3) (\$)                 |                       |   |                       |                 |          |     |     |     |                        |                    |     |     |     |                                   |     |                   |     |     |                                       |     |     |                  |    |   |     |     |     |                    |   |     |     |     |    |                        |  |  |  |

|                     |                   |                                   |                |
|---------------------|-------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                   | <b>Complete (if applicable)</b>   |                |
| Name (Print/Type)   | Steven R. Ormison | Registration No. (Attorney/Agent) | 35,974         |
| Signature           |                   | Telephone                         | (208) 433-1991 |
|                     |                   | Date                              | July 6, 2001   |

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